THYSICIANS should state)RD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WE mi

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 14450
1. PLACE OF DEATH	97)
County / aret	Registration Dist. No. / 61
Village or City Swanton // we	y No. and St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Own Coward	Lounard
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE of lebeles bernard	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 23-1846	Hast saw h. I. M. alive on about 24 so. 193/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Hm.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, A CLUED Note: SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and).	Afteris selevies
work was done, as SILK MILL, for Mill, SAW MILL, BANK, etc.	The way of dear
10. Date deceased last worked at this occupation (month and year)	he copies were
12. BIRTHPLACE (city or town) Lane H. Com	Other Contributory Causes of Importance:
(State or country)/9 Co a ming Con	
13. NAME John Derstrond	
13. NAME OUN SERVICE (city or town) Jarre & 60. 1/1d	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Checa grego	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Collecte Pareth 16. BIRTHPLACE (city or town), Larre H 60 Md	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. NFORMANT (Address) Layrughton,	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL 10 101 3 31	Manner of injury
Place / 10 CfW Flatte Data Data Data 1921	Nature of injury
19. UNDERTAKER the Sharpless of	24. Was disease or injury in any way related to occupation of deceased?
(Address) Letyniekee 1111	If so, specify m g
20. FILEDILLE 7, 193/ Mrs. C. C. Registrar.	(Signed) (Address) Likeling M. D
If more blambs are meeded address State Prairies	M. C. J. C B.J.' B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I	İ	Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 8	1/1921	Run over by street car	1 week ago
Cerebral hemorrhage	1,	July 5, 1927	Peritonitis	3 days ago
3	EURRA	TV3		
Other contributory causes of impo	ortance:	Annual Section of the	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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64. E
at It may be properly classified. Exact
at it may be properly class
E chould at It may

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PLACE OF DEATH	14400	STATE OF MARYLAND
County All and	92:0	CERTIFICATE OF DEATH
0		Registration Dist. No. 16
Village or City Manufacture (No. 2FULL NAME William &	Bevan	St.: Ward) (If death occurred in a hospital or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	O DEATH
Male White (Write the word)	**************************************	(Month) (Day) (Year)
6 DATE OF BIRTH	111 -	CERTIFY, That attended the deceased from
del- 23, 19/2		197 to 1 2 , 197 f
(Month) (Day) (Year)	that I last saw h	Talive on Section, 192,
7 AGE If LESS than		red on the date stated above, at 2120 Cam,
9 yrs. 9 mos. 9 ds. or min.	The GAUSE OF DEAT	H * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry		
business, or establishment in		(Durstion) yrs mos ds.
which employed or (employer)	Contributory	havis volvula Heart des
9 BIRTHPLACE (State or country)	Secondary	(Durstien) Syrs mos ds.
10 NAME OF Colward Bevaus.	(Signed)	M. D. C. M. D. M. D. (Address) M. D. M. D.
OF FATHER (State or country)	*State the Di Violent Causes, sta Accidental, Suicidal	sease Causing Death, or, in deaths from the (1) Means of Injury and (2) Whether or Homicidal.
OF MOTHER ON TO Broadwale	18 LINGTH OF RES	IDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	osds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of deel	17
(Informant) Eva Bevans	Former or usual residence	00.05.0001
(Address) & multivillo	19 PLACE OF BURIAL	OR REMOVAL DATE OF BURIAL OLD 1931
15 Filed NW 14 1931 6 74/ Qiu	20 UNDERTAKER	to be a sporess

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No. 00

m,

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective ch cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more Province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (real or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopaeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	144-0
County of author	Registration Dist. No.
Village or City 13 Mungle	NoSt.,Ward
Langth of residance in city or town where death occurredyrsmo:	f death occurred in a horpital or institution, give its NAME instead of street and number) s.,ds. How long in U.S. if of foreign birth?yrsmos,ds
211 / 0 / 1	2 Beerlest
2. FULL NAME MIND SO LAVA & Alle	u proservacio
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the wood)	21. DATE OF DEATH
demale While Married	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Manuacy Roy Broadwate	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and yaar) Hally 22,1892	I last saw h la alive on A lc 23 193 / daath is sal
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 6:00. P.m.
39 5 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Date of one of Date of one of
9 Industry or business in which	
	-
10. Date daceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	
W	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	naciusa praguea
	- Pasymen maining
E /// Muc Villare	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an eulopsy? Was there an eulopsy?
E William William Control	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
17. (NEDRMANT & Security R. Bradwat	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manage of Jaluary
Place Bittinger Date Dec. 26931	Manner of Injury
19. UNDERTAKER Im Unterfreg	24. Was disaase or Injury In any way ralatad to occupation of daceased?
(Addrass) XI rand graff	If so, specify A A County
20. FILED CLC 24, 193/ D. Tryory. Registrar.	(Signed) M. I (Address) M. I
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN B	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			20131
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH County Arkatt	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City <u>Sitzmeller</u> (No. 2FULL NAME Laura Belle Fun	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Marked, Marked, Marked, Midowed, OR DIVORCED (Write the word)	(Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	July 15 1931 to Dec 10, 1821, that I last saw h M alive on Dec 9, 1931,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 10:05 H.m. The CAUSE OF DEATH * was as follows: Chronic Nephritis
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry ousiness, or establishment in which employed or (employer)	Overlin demortage (Duration) 3 yrafor 1st two.
9 BIRTHPLACE (State or country Capon Brilge, U. Va,	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (M. D.
11 BIRTHPLAGE	Dec. 11 1921 (Address) Blains Wr
Z (State or country) Don't Knay	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Barbara Swarly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) SM FMON.	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
(Address) Augmiller, M.	Former or usual residence. DATE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed/24/2 1921/ A Barnet Registrar	Other J. Sharpless Baine W. Va. 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scrvant, Cook, whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farther treor given up on account of the DISEASE CAUSING DEATH. laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. (b) Automobile fuctory. The material -Coul mine, etc. Locomotive engineer, But in many Grocery; Wom-

Streement of Cause of Death—Name, first, the bisses in the Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphul ferer (the only definite synonym is "Epidemic cerebratinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid furer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

State cause for which surgical operation was underapproved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Heart ranure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. For VIOLENT DEATHS State MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the Chronic etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

W 4 19

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, WITH TION is very important. N. B.

JARGIN RESERVED FOR BINDING

V. E. No. 1

1. PLACE OF DEATH	()
County Garrett	Registration Dist. No.
Village or City Thierdsville Length of residence in city or town where death occurred 70 yrs 2 mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2 FILL MANE Mora E. Hand	
(a) Residence: No. Application (Usual place of abode)	2 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH &
or DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Watson Huard	22. I HEREBY CERTIFY. That I ettended deceased from 1921, to 300 31931
6. DATE OF BIRTH (month, day, and year) Sept 18th 1861 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw have alive on alive on 193/; death is said to have occurred on the date stated above, at 7
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as Silk Mill le over house 10. Date deceased last worked at this occupation (month and the spent in this spent i	Embolio (2007 Punferal) Deteotorset
work was done, as SILK MILL du cour hours Work Was done, as SILK MILL du cour hours 10. Wate deceased last worked at this occupation (month and year) august 1931 12. BIRTHPLACE (city or town) Thirdswill (State or gountry)	Other Contributory Causes of importance:
13. NAME Johnathon Coddington 14. BIRTHPLACE (city or town) (State or country) Transpland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Byland 16. BIRTHPLACE (city or town) 16. State er country) 17. INFORMANT Have bushed (Address) Fine worder	23. If death was due to external causes (VIOLENCE) fill in etso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Achieve Pu Date Dre 5, 1921	Manner of Injury
19. UNDERTAKER If It Surge (Address) Included In	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Alex, 5, 1931 Mrs. cannelle Statler. Registrar.	(Signed) / College M. D. (Address) Phieresville md

STATE OF MARYLAND-CERTIFICATE OF DEATH

11177

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must stat	te:
--	-----

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

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700 4 1635

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gab	May 1,1923	Gastroenteritis	1 year

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken househeld only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager." "Deal-Spinner. (b) Cotton mitt; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Plunter tion applies to each and every person, irrespective of fulness of various pursuits can be known. eapation is very important, so that the relative health whatever, write None. tired (118.). Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons definite salary), may be entered as worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Statement of Occupation Precise statement of oc etc. without more precise specification as Day For many occupations a single word or term on in domestic service for wages, as Servant, Cook or At home. specially in inclustrial employments, it is neces who are engaged in the duties of the Home, and children, not gainfully em-For persons who have no occupation Housewife, House-As examples: (a) But in many The ques

Typhoid fever (never report "Typhoid pneumenia" spinal :neningitis") : Diphtheria (avoid use of "('roup") ed term for the same disease. Examples: Cercbrospinal EASE CAULTIE DEATH (the primary affection with respect Stan ment of Cause of Death-Name, first, the D time and causation), using always the same accent-(the only definite synonym is "Epidemic cerebr pneumonia, Bronchopneumonia ("Pneumonia"

> as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, diseases resulting from childbirth or miscarriage as rhage," "Juanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puemeral septicaemia:""Puemperal peritonitis," can be ascertained as the cause. "Uraemia." "Weakness." etc., when a definite disease vulsions," stated unless important. Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., scpsis, tetanus) may be stated under the "eontributory." cough; "Debility" Chronic valvular heart " ("Congenital," (Recommendations on state-Example: Meastes "Anaemia" (merely failure." "Haemor-Always qualify all "Seuile," etc.), "Coma," The na-Meusles; discase; (second-(disease

This certificate is looked over thoroughly and all quesabswered in detail, it will prevent further correspond-ill the data is essential and must be obtained before arbificate is permanently filed.

Every

S. σŽ PHYSI-

PLACE OF DEATH	14439
Village or City Shallmar (No.	(31)
2 FULL NAME (LAMAS Elisabeth	h Lanca
PERSONAL AND STATISTICAL PARTICULARS	MEDICA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY
7 AGE (Month) (Day) (Year)	
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Chr. ari Chr. rephr Mysears acute
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER Stone	(Signed) (1. 198/
OF FATHER (State or country) 12 MAIDEN NAME	*State the Dis Violent Causes, sta Accidental, Suicidal
of MOTHER Ogramic	18 LENGTH OF RES
13 BIRTHPLACE OF MOTHER (State or Country) Hew Jerseuf	At place of deathmeme. Where was disease contr. if not at place of death
(Address) Shallman Ind	-
Filed 2/17 13/4/50VNEC Registrat	Cotha \$

STATE OF MARYLAND CERTIFICATE OF DEATH

14420

Registration	Dist.	No	1/2
	/1	C J h	

L CERTIFICATE OF DEATH

a hospital or tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH DIE	16 , 193/
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atten	ded the deceased from
Oct 1928 to De	
that I last saw h W alive on . See ,	15 , 1981,
and that death occurred on the date stated al	bove, at 3 H. m.
The CAUSE OF DEATH * was as follows:	
Chr. arthritis	
Chr. nephritis + Nyperter	ceion
may as litis - pura	tion 1 yr.
acute Tonsellies + Dre	cong
(Duration)	vrs
• · · · · · · · · · · · · · · · · · · ·	J.2
Contributory	
50001140-7	
(Duration)	.yısds,
(Signed) Q. K. Fidl	M. D.
Dec. 16 1921 (Address) Bla	ins WY
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) Whether
18 LENGTH OF RESIDENCE (For Hospital	s, Institutions, Trans-
ients or Recent Residents)	
At place In the of deathyrsmosds. State.	yrsds,
Where was disease contracted, if not at place of death?	
Former of	
usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Helpkin Hiel Elk Barden	thec/9, 193/
20 UNDERTAKER	ADDRESS
(Atha & Sharpless	Blown Itra

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Porenium, (b) Automobile fuctory. The material fired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (relaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not roid II) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a ! tion applies to each and every person, irrespective of whatever, write None. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Stationary fremun, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-'ed'term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carpolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. * PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart Innure, "Shock," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic by Committee on Nomenclature of the Example: Measles (disease valvular heart affection etc. The contributory need Measles ; disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPAitem of infor-IS A PERMANENT R stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

BINDING

FOR

MARGIN RESERVED

V. S. No. 1 В. ż

STATE OF	F MARYLAND-	-CERTIFICATE OF DEATH 14440
1. PLACE OF DEATH		
County Garrett		Registration Dist. No.
Village or City mt. Lan	Re Park	NoSt.,Ward
Length of residence in city or town where dea	4	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
Length of residence in city of town where dea	yis.	
2. FULL NAME	ua unu	Martin
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE !	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of	U	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of		15 - 3 1931 to AZL 3 1931
6. DATE OF BIRTH (month, day, and year)	ne 8, 1928	I last saw halive on, 19; death is sal
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 40 Pm.
3 5	25 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc		Velmonny Newson Lagran Nec 3"
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
mt. P	Re Park	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country) Man	yland	Alax when sum - Va eferson Hemostyn
1 V	martin	Farmy Block oto was below broken
13. NAME Pritting Les 14. BIRTHPLACE (city or town) M. L.	OR. Park	Name el operation Oate of Oate
(State or country)	nanjland	What test confirmed diagnosis?
15. MAIDEN NAME Mary Ires	u Riley	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary dres 16. BIRTHPLACE (city or town) & ob (State or country)	bine 1	Accident, suicide, or homicide? Date of injury, 19
(State or country)	rangente	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT Bullen 80	Marting MA	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	() -	Manner of injury
Place Oakland	Dete & 90. 5, 19.3	Nature of injury
19. UNDERTAKER & mony (6)	Bolden.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED We 5, 193 W	lin Cowdo Registrar.	(Signed) A de deserge M. (Address) Ourface mal
If more bl	lanks are needed, address State Registr	at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

14441

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of unset 1 week ago
Chronic interstitial nephritis	RURELUV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The second secon	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I	in the same and th	Example II	
Example I The principal cause of death and related causes of importance were as follows:	-Date of onset	of importance were as follows:	Date of conset
Arteriosclerosis 8 1992	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	les .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(M))	Y, PHYSI- ed. Exact
	CORD	ted EXACTL perly classifi
BINDING	PERMANENT	should be day
MARGIN RESERVED FOR BINDING	LY, TH UNFADING INKTHIS IS A PERMANENT CORD	mation should be carefully supplied. ACE should be vated EXACTLY, PHYSI- e CAUSE CF DEATH in plain terms so that it may be properly classified. Exact PATION is very important. See instructions on back of certificate.
RGIN RESE	NFADING INK	d be carefully a DEATH in plain
MA	LY, TH U	mation shoul e CAUSE CF

	PLACE, OF DEATH	STATE OF MARYLAND
	County Garrett	CERTIFICATE OF DEATH
	To the speciment of the	1/0
	Village or City Star Mais Route (No. 14 Frosto	Registration Dist. No. / 6 2
	Village or City Char Man Valle (No. 17 Visto	n hospital or institu-
	2 FULL NAME Joseph Wenny Me	tion, give its NAME Instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
5	Male Mute WIDOWED, MANUEL OR DIVORCED (Write the word)	, 192
2		Accember (Month) 12 (Day) /93/(Year)
5	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2	Jou 10, 1876	1/4 3/
	(Month) (Day) (Year)	that I last saw h Lucalive on See 192
	7 AGE If LESS than	and that death occurred on the date stated above, at
	3 3 yrs. mos. ds. or min.	Labor Premenue Lett
	8 OCCUPATION ,	
1	(a) Trade, profession or Farmer	
	(b) General nature of industry	
3	business, or establishment in James which employed or (employer)	(Duration) yrs. mos de.
	9 BIRTHPLACE Z / / 7. /)	Contributory Mysear diviso Chronice
	(State or country) I working Mid	(Durstion) vrs mos de
	TO NAME OF FATHER PARTY TO THE	(Signed) Samuel J. Bross M. D.
	1) BIRTHPLACE	De Dr 1923/(Address) 22 East Maire
		*State the Disease Causing Death, or, in deaths from
	Control Country Country	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Magic Mchanger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents) At place In the
	(State or Country) Samuel Country	of deathyrsds. Stateyrsds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
		Former or usual residence
	(Informant) Orlean Muulci C	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Farrett Co	m Kennie Pennet Dec 14. 1931
	15 X = 1/4 218TP - 20 /2: 18	20 UNDERSTAKEN ADDRESS A
	Filed Dec 1923 Unomary Color Registrar	Glellen X 5 th
		, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.
)11	II more manas are neaded, address crate Ragistrar	, to the balleting to be the second

14442

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupationer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. -Precise statement of oc-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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HYSICIANS should state RD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. BINDING See instructions on back of certificate. FOR UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be TION is very important. -WRITE PLAINLY, N. B.

1. PLACE OF SEATH	14443
County Ganety	Registration Dist. No. 16/
Village or City MA Lake Park.	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dommers (M/8	yer .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR/OR RACE Nor DIVORCED (write the word) Wale Nor DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, vidowed, or divorced HUSBAND of GOVERNOON Minerva Hollen Mosser	22. News HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ \frac{27 + 857}{}	Hast saw ham alive on how 23 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 9, 25 4 m.
74 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Cucuroses of Showing Date of onset
sawyer, Bookkeeper, etc. Setired furmer	
Industry or business in which work was done, as SILK MILL,	3/
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	1
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	lury
E	Name af operation Data of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wiss Shaffer	23. If death was due to external causes (VIOLENCE) fill in also the following:
H AC BIDYUBLACE (1)	Accident, suicide, or homicide? Data of injury, 19
16. BIRTHPLACE (city er town) (State or country)	Where did injury occur?
17. INFORMANT MASIC J. Gutzy (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATJON, OR REMOVAL	Manner of injury
Placked House Centry Data Dec 22, 193/	Nature of injury
19. UNDERTAKER A Schrock (Address) & alon (T) a:	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Dec 22, 131 Emes C. Shaffer	(Signed) It. W. M. Oomu M. D. (Address) Oak lena M. J.
The state of the s	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis VAV 8 1859	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Tuly 5,1927	Peritonitis -	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

V. S. No. 1

-WRITE PLAINLY, WILL UNFADING INK-THIS IS A PERMANENT IN ORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
IIS IS A PERMANENT R	be stated EXACTLY.	be properly classified. E of certificate.
UNFADING INK-TH	upplied. AGE should b	terms, so that it may be instructions on back of
-WRITE PLAINLY, WILL	mation should be carefully s	CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Same	Registration Dist. No. 163
V V	No. St, Ward feath occurred in a hospital or institution, give its NAME instead of street and number) b. ds. How long in U.S. N of foreign birth? yrs. mos, ds.
2. FULL NAME frames Tight \(\) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dac. 24 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. J. Nusbut 6. DATE OF BIRTH (month, day, end year)	22. i HEREBY CERTIFY, That I attended deceased from 1931, to 1931
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at. 4. 30 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	Mys Carley man frency Su13)
10. Dato deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Patinoney Elema. 14.7.
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
(Address) (Blooming to 18: BURIAL, CREMATION, OR REMOVAL Place Philars, Wisley Totale 0 2.26, 1921	Manner of Injury
19. UNDERTAKER W. H. Frances (Address) 20. FILED Dec. 26, 19. Dorsey Pattison	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed)
Registrar. If more blanks are needed, address State Revistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

OCCUPA pluods JO S statement HYSICIAN Exact PERMANENT FOR BINDING properly stated THIS MARGIN RESERVED plnods that NF.ADING supplied. in plain terms, should be carefully OF DEATH

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city er town) (State or country)

(Address) 130 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

is very important.

LION

CAUSE mation

WRITE

S. No. 1

1. PLACE OF DEATH Registration Dist. No. Village or City Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) While Married 5a. If married, widowed, or divocced HUSBAND OF (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 dey, ____ hrs. min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION Jo may back 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.... 10, Oate deceased last worked at this occupation (month and 11. Total time (years)
spent in this See instructions on year) ____ occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country)

NoSt.,Ward ath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos ds
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month) (Day) (Year)
1 HEREBY CERTIFY. That I attended deceased from Nov 20 ,1931, to The III ,1931 I lest saw has alive on Nee 10 ,1931; death is said to have occurred on the date stated above, at 3:00 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
Sub acute Combined Sclerosis 1929 OF Spinal Cord Other Contributory Causes of Importance: Achlohydria
Name of operation Dete of
Whet test confirmed diagnosis?
23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Nature of injury
24. Was disease or injury in eny way related to occupation of deceased? To If so, specify (Signed) (Address) M. D. (Address)

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	Part of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NEWAN TENANT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of

HYSICIANS Exact statement

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

properly classified.

See instructions on back of certificate.

\ .	or- ate A-	STATE OF MARYLAI	ND-CERTIFIC
VIE	infor state UPA	1. PLACE OF DEATH	
M	of uld OCC	County Jarrett	
1-1	E 0	Villago or City (1 agi 18 m)	Mo

STATE OF MARY	LAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		82-0	
County Sarrett		Registration Dist. No. 16 7	
Village or City accident		NoSt.,	Ward
Length of residence in city or town where death occurred	(If	death occurred in a hospital or institution, give its NAME instead of street and number ds How long in U.S. if of foreign birth?yrsmos	r)
The said	()	ACA A	
2. FULL NAME / rances	anen	v acc	
(a) Residence: No. (Usual place of	abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE OR DIVORCED OR DIVOR	(write the word)	21. DATE OF DEATH SEC (Month) (Day) 193	Yeer)
5a. If married, widowed, or divorces HUSBAND of (or) WHEE of amelia & Storms	lelt	22. I HEREBY CERTIFY That I attended decease	
12.9	18.44	last saw half alive on DEC 6 193 deet	9.54
6. DATE OF BIRTH (month, day, and year) And	If LESS than	l last saw have alive on 190 ; deet to have occurred on the date stated above, at 250 Am.	th is sald
77 10 29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ormin.	were as follows:	ofonsat
kind of work done, as SPINNER, / arme	v,	Clothal Hemorolage	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Studystry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked et this occupation (month and	md.		
Do Date deceased last worked et this occupation (month and year) 11. Total time spent occupa	in this		
Belting A	7	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) U u u u u u u u u u u u u u u u u u u	d'	arterroreleroses	
13. NAME Ges. Sanerata	ld		
13. NAME Geo. Saverwa 14. BIRTHPLACE (city or town) Proposia		Name of operation Date of	
(State of country)	any	What test confirmed diagnosis? Was there an eutops	/?
15. MAIDEN NAME Margaret Ott	- 0	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Margaret Ott 16. BIRTHPLACE (city or town) Baxaria	/	Accident, suicide, or homicide? Dete of injury1	9
State or country)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Helen M. Tuchili (Address)	er	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Joune count a Dete all	11.1991	Nature of injury	
19. UNDERTAKER G. M. Seinle & Son (Address) Flent Rock	ı	24. Was disease or Injury to any way related to occupation of deceased?	11
20. FILED Dec. 8 , 1931 a. J. Rue	hter Registrar.	(Signed) (Address) (Address) (Address)	.M. D.
• //	Accountar.	(100100)	4

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

PERSONAL AND STATISTICAL PARTICULARS S BEX	PLACE OF DEATH	14447 STATE OF MARYLAND
Village or City Men Steyn Men. Sta. Ward (If death occurred a hospital or limit and the limit and the hospital or limit and the limit	County Savell	114
PERSONAL AND STATISTICAL PARTICULARS BEX A COLOR OR RACE SAMPLE STATE MARRIED STATISTICAL PARTICULARS BEX A COLOR OR RACE SAMPLE STATE MARRIED STATISTICAL PARTICULARS BEX A COLOR OR RACE SAMPLE STATE MARRIED STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 11 DATE OF DEATH 12 J. 193/ (Month) (Day) (Year 13 LHEREBY CERTIFY, Thet Latended the descessed for the color of		Registration Dist. No. 15
PERSONAL AND STATISTICAL PARTICULARS BEX 4 COLOR OR RACE MARRIED MALL The Amel Spinores (Month) (Day) (Year To DIVORED (Month) (Day) (Year The Lattended the deceased in the List and that death occurred on the date stated obeve, at \$150 cmin. The CAUSE OF DEATH B OCCUPATION (a) Trade, profession of School (b) General nature of industry business, or establishment in which employed or (employer) B DIRTHPLACE (State or country) Jamest Co Mall Spinores Country (Durstien) To PATHER Chart Co Mall (State or country) MANUAL CO MALL (State or country) Jamest Co Mall (State or country) MANUAL CO MALL (State or country) M	Village or City Near Steye My No.	a hospital or institution, give its NAME in
A COLOR OR RACE BY MARKED. Simple MA	2FULL NAME Raymond Cler	stend of atreet en
Male To Grand Minowed Single (Month) (Day) (Very Divorced of North Interest of North Interest of Month) (Day) (Very Single of North Interest of Industry Dusiness, or establishment in which employed or (employer) (Signed) (Dusylion) yrs. Soc. (Sig	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE If LESS than Iday Internation Iday	MARRIED, Small	
TAGE (Month) (Day) (Year that I last saw hard, alive on Delta 1 last saw hard, alive on Delta	0 1 19 101	1 1 1 1 1 1 1 -
Courtibutory Sucondary Contributory Sucond		1115-8
OCCUPATION Activated and the profession of particular kind of work School (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Chast Commy Shullindry 11 BIRTHPLACE OF FATHER Country) 12 MAIDEN NAME OF MOTHER Genic Many Staye 13 BIRTHPLACE OF MOTHER Genic Many Staye 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (State or country) (Address) Staye Many Shullindry (Address) State OF BURIAL OR REMOVA (Address) ADTRESS Tiled Daa 22 13 Viaging Margana Margana ADTRESS TILE OF BURIAL OR REMOVA ADTRESS TO UNBERTAKER ADTRESS		an
SOCCUPATION (a) Trade, profession of School (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Chas Commy Shellinbury Cof FATHER (State or country) 12 MAIDEN NAME OF MOTHER Senic May Steye 13 BIRTHPLACE OF MOTHER Senic May Steye 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed Daa 22 13 Virginia May Steye 15 Filed Daa 22 13 Virginia May Steye 16 Date of death) 17 John Month Manual Common School My Knowledge (Address) 18 LENCTH OF RESIDENCE (For Hospitals, Institutions, True to the Best of My Knowledge (Address) 19 PURCE OF BURIAL OR REMOVA ADTRESS The Address Address ADTRESS The Address Address ADTRESS TO WARREN AND ADTRESS The Address Address ADTRESS TO WARREN AND ADTRESS The Address Address ADTRESS TO WARREN AND ADTRESS The Address Address ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS TO WARREN AND ADTRESS THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE The Address Address Th		
(Signed) Display of Contributory Secondary (Signed) Display of Contributory Display of Contributory Secondary (Signed) Display of Contributory Display of Contribu		- Lobor Penemania
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 110 NAME OF FATHER Chas Commy Shilling (Signed) 12 MAIDEN NAME OF MOTHER Bessel May Steye 13 BIRTHPLACE OF MOTHER Bessel May Steye 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) Contributory Sucondery (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed)	particular kind of work School	
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Chast Convey Shellinbury OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER Benic May Steye 13 BIRTHPLACE OF MOTHER Preston Convert C	business, or establishment in	(Duration), vea.
Sucondery Sucondered Suconde		
THER Chast Comony Shellinbus (Signed). It BIRTHPLACE OF FATHER (State or country) Harrelt Co Mal IZ MAIDEN NAME OF MOTHER Bessel Many Steryer IS BIRTHPLACE OF MOTHER Preston Co Mal Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Troisents or Recent Residents) At place of death yrs mos ds Brate yrs mos Mal Where was disease contracted, if not et place of death? In the State yrs mos Mal Where was disease contracted, if not et place of death? In the State yrs mos Mal Where was disease contracted, if not et place of death? In the State yrs mos Mal Where was disease contracted, if not et place of death? In the State William Preston Commendation Commen	(State or country) Sanet Co	
OF FATHER (State or country) March Co Mal (State or country) Mal (State or country) March Co Mal (At place of death March Co State Mal (March Causing Mach Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra ients or Recent Residents) March Co Mal		(Signed) 13 Johnson M. I
OF MOTHER Benil May Steye 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not et place of death? (Informant) Enrory Shilling (Address) Steyer May (Address) Steyer Ma		
OF MOTHER Benel Many Sleys 18 EIRGTH OF RESIDENCE (For Hospitals, Institutions, Trainers or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not et place of death? (Informant) Emory Shellshing (Address) Stayes May (Address) Stayes May Filed Doc 22 1931 Virginia M. Harres 20 UNBERTAKER At pace 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainers or Recent Residents) In the State yrs mos ds. Where was disease contracted, if not et place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL 20 UNBERTAKER ADDRESS	C (State or country) Sanely Co Md	*State the Discase Causing Death or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not et place of death? (Informant) Enrory Shilling (Address) Stage Max Max Date of Burial or Burial Or Burial Date of Burial Or Burial Date of Burial Or Burial Date of Burial Or Burial Date of Burial Or Burial Date of Burial Date of Burial Or Burial Date of Burial Dat	« OF MOTHER Pressel Mary Messel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tree
(Informant) Emony Shellenburg (Address) Steper May (Address) Address (Address) Addres	OF MOTHER Preston Co VIII	At place of death yrs mos ds. State yrs mosds.
(Address) Stage Md. (Address) Stage Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DEC 22/196 20 UNBERTAKER D. ADDRESS AD	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Address) Stager, Md, White Church, Dec 22(198) 15 Filed Dec 22 1931. Virginia M. Haroes 20 UNBERTAKER 1 ADTRESS.	Energy Shellenburd	
15 Filed Dec 22 131. Virginia M. Haroes 20 UNBERTAKER) ADTESS.	ch in ma	310 + 0
	15 Filed Dec 22, 1931. Virginia M. Haron	
If more blanks are needed, addrosa State Registrat, 16 W. Seratoga St., Baito., Requesting V. S. No. 1.	If more blanks are needed, addrosa State Regists	rat, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary freman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enctc., Foreman, For many occupations a single word or term on Or especially in industrial employments, it is neces-Farm loborer, At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; phoid fever (never report "Typhoid Pneumonia"; donor pneumonia, Bronchopmeumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitiol nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma,, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Whooping cough; unqualified, approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma, "Tumor" FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condiby or intercurrent) affection need not be is indefinite); Tuberculosis of lungs, men-Committee on Nomenclature for malignant neoplasms); Chronic Example: Measles (disease valvular heart disease; " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions analyzed in detail, it will prevent further correspondence. A the duta is essential and must be obtained before the certificate is permanently filed.

Registrar

If more bianks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Noft

STATE OF MARYLAND

ERHFICATI	E O	F D	EAI
Registration	Dist.	No.	16

St.: Ward) Stall Stall (If death occurred in a hospital or institution, give its NAME it stend of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Dec 18, 1923/
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw have alive on July 20 192
and that death occurred on the date stated above, at 2, 350 m.
The CAUSE OF DEATH * was as follows:
Cerebral arteris petersis
(Duration) 7 yrs, mos ds.
Contributory Greeingelen Society
(Signed) 7. S. Brows weeks M. D.
DE. 18 1921 (Address) Ocepland mol
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the of death yrs, mos, ds, State, yrs, mos, ds,
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Hed Hopese Cometry Dec 20:031
20 UNDERTAKER ADDRESS

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WRITE

(Address)

(Approved by U. S. Census and American Public Health Association.)

er," etc., with all deborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation (b) Colton mill; (a) Salesman. without more precise specification as Day who are engaged in the dutics of the (b) Stationary fireman, etc. But in many Automobile factory. The materia Luborer-Coul mine, etc. Wom-Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninguis"); Dushiliera avoid use of "Croup"); Typhoid Jever never report "Typhoid Pneumonia"); Lobar pneumonia, Browchomicaronia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences in g., sepsis, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" inges, perdonocum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage for malignant neoplasms); Chronic Example: Meusles (disease affection etc. The contributory valirdar heart Always qualify all necd Measles; discase; not be death

If this certificate is looked over thoroughly and all qu stions anguered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH	STATE OF MARYLAND
County Janet	94-0 CERTIFICATE OF DEATH
h l	Registration Dist. No. 161
Village or City Mr. Markley Mog 2Pa	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 8 - C 9 , 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. Age I day hrs. I	The CAUSE OF DEATH * was as follows
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed Address) 16 MOTHER (Address) 17 MAIDEN MANE (Address) 18 MAIDEN MANE (Address) 19 MAIDEN TO THE BEST OF MY KNOWLEDGE (Address) 18 MAIDEN MANE (Address) 19 MAIDEN MANE (Address) 10 MAIDEN MANE (Address) 10 MAIDEN MANE (Address) 11 MAIDEN MANE (Address) 12 MAIDEN MANE (Address) 13 MAIDEN MANE (Address) 14 MAIDEN (Address)	(Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. *B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? *State OF BURIAL OR REMOVAL *DATE OF BURIAL *ADDRESS *ADDRESS *Ads. **Contributory **State Durision **Jurision **
Filed Wes St 19 Mis yearnette Statel?	HIHRodohave Somelice

If more blanks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more proving for the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Laborer the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, sici.in, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on O. yrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved stited unless important. unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on or intercurrent) affection need Chronic valvular heart Example: Measles (disease etc. The Nomenclature Always qualify all contributory disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the 'data is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Galls	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

County County Village or City Oaks St., Ward S	STATE OF MARYLAND—	CERTIFICATE OF DEATH 14451
Village or City. Another Personal and State of State of Country of State of Country of State of Country of State or Country) By St. Ward. W	1. PLACE OF DEATH	7
Address Windows (Size or country) Where did night ye residence in city or fown where death occurred .D. Dyrs	County Jarrell	
2. FULL NAME (a) Residence: No. 1 1 1		f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 1 (Usus phace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Length of residence in city or town where death occurred DL yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If marriad, widowed, as diverced or one of color wife to word) 5. If marriad, widowed, as diverced or color with the word or color wife or color or color wife or color or color wife or color or color wife or color or color wife or color or color wife or color or color wife or color or colo	2. FULL NAME Nancy Cothering V	pulled
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED Carrier the word) 5. If married, widowed, a discrettly continued and provided the words of the		If nonresident give city or town and State
OR DIVORCED Comite the world So. 11 married, widered, as diverced (Month) (Day) (Month) (Day) (Year) 10 Married, widered, as diverced (Month), day, end year (Cor) wife of (Cor) wif	PERSONAL AND STATISTICAL PARTICULARS	
S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular A. Trade, profession, or particular S. AVER, BOOKKEPER, etc. S. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date of country) Date of causes of importance were as follows: Other Contributory Causes of importance: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Contributory Causes of importance: Other Contributory Causes of importance: What test confirmed diagnosis? Wes there an anopay? What test confirmed diagnosis? Wes there an anopay? Specify whether injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 15. UNDERTAKER Address) Date of Injury Manner of Injury Nature	OR DIVORCED (write the word)	Wee 15 , 1931
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular Rind of work done, as SPINNER, SAWRE, Block (etc.) 10. Date doceased last worked at this occupation (month end year) Years 11. Total time (years) Spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of oparation Name o		and the provided the state of t
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 I day. hrs. for min. 8. Trade, profession, or particular land of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which were as follows: White deceased last worked at the province of the province of the province and the province of the province and the province of the province and the province of the province and the province of the provi	laureles Line C 700 WIFE OF TO HIVE (10)	4 . 0"
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. 10. Data deceased last worked at this occupation (State or country) 11. INFORMANT (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAIDEN NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED ASSESSED AND ASSESSED ASSE	X UV U U V X X X X X X X X X X X X X X X	1-70
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city ar town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19		
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15. MAIDEN NAME 16. BIRTHPLACE (city ar town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDER	14. BIRTHPLACE (city or town)	
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20 rube 26 1931 Illia Towan (Signed) A. W. II Jonicas.		11 / 200
	20 Nove 26 193/ Illia Mowan	(Signed) H. W. M. Jonicas. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example ICEIVE	Example II	Example II	
The principal cause of death and related causes of importance were as follows: JAN 8 1832	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	14454

1. PLACE OF DEATH	
County Garrett Go.	Registration Dist. No.
Village or City. Near Oakland	No
1/0: 1000 11	9 ds. How long in U.S. if of foreign hirth?mos ds.
2. FULL NAME Verlinda / Selle W	ensel
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female 4. COLOR OR, RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
6. DATE OF BIRTH (month, dey, end yeer)	22. I HEREBY CERTIFY. That I ettended deceesed from 1931, to 25, 1931; death is said
6. DATE OF BIRTH (month, dey, end yeer) #25-20 845 7. AGE Years Months Deys If LESS than 1 dey, hrs.	to heve occurred on the dete stated above, at 17 mm The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	were es follows: Dete of onset A 4 2 7
work wes done, es SILK MILL, SAW MILL, BANK, etc	(Horneyous)
12. BIRTHPLACE (city or town) Dakland (State or country) Manuland	Other Coutributory Causes of importance:
13. NAME John Hayer	Concord Consus
(Stete or country) Maryland	Name ef operation
15. MAIDEN NAME Jane High bertoon	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (lose firosilburg (State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT Aus Ida Sugueno (Address) for Lake Park Sud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Pleas Pakland Date Dec 31 1931	Manner of injury
19. UNDERTAKER D. E. Bolden gold.	24. Wes disease or injury in any way releted to occupetion of deceesed?
20. FILED Le 31, 1931 Julia Kowan Registrar.	(Signed) (Address) Career M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1/1/4 8 7302	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	ais	1921	Run over by street car	1 week ago	
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		- 10			
Other contributory caus	ses of importance:		Other contributory causes of importance:	III - III L	
Gallstones		May 1,1923	Gastroenteritis	1 year	